

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE | | FEC IDENTIFICATION NUMBER ▼ C C00003418 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M / D D / Y Y Y Y Y Y 04 / 16 / 2015 | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee FACEBOOK | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 | |
| Mailing Address 2130 PRIEST BRIDGE DRIVE NO 11 | | Amount 60000.00 | |
| City CROFTON | State MD | Zip Code 21114 | Transaction ID : 2015M04SE0001 |
| Purpose of Expenditure MEDIA BUY | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 | |
| Name of Federal Candidate HILLARY CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| | | 116500.00 | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee MICROSOFT ONLINE INC. | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 | |
| Mailing Address PO BOX 847543 | | Amount 2000.00 | |
| City DALLAS | State TX | Zip Code 75284 | Transaction ID : 2015M04SE0002 |
| Purpose of Expenditure MEDIA BUY | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 | |
| Name of Federal Candidate HILLARY CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| | | 116500.00 | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 62000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Signature